FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CITY-ST-ZIP

14. I hereby certify that the information supplied indicated on this annual report or supplied officer or director of the corporation or the re Block 12 or Block 13 if changed, or on anyla

FILED PROFIT May 19 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1**9**98 DOCUMENT # G10998 DEUX MICHEL, INC. Principal Place of Business Mailing Address 6900 STATE ROAD 84 12725 S.W. 122 AVE. DAVIE FL 33317 MIAMI FL 33186 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/23/1982 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2297214 6900 State Road 84 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 8. Election Campaign Financing dz Trust Fund Contribution Added to Fees 23 Country Country $Z_{\rm IP}$ Zip 8. This corporation owes or has paid the current year Intangible V Yes USA Personal Property Tax due June 30. 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name BERLIN, JERÔME C. 12725 SW 122 AVE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33186 в3 84 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or ponted name of registered agent and tric if applicable (NO1F: Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 THLE TITI F PECORA, MICHAEL NAME 1.2 NAME 1041 AGUNA SPRINGS DR 1.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 1.4 City - St - ZiP CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE BERLIN, JEROME C. NAME 2.2 NAME 12725 SW 122 AVE 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2 4 CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 C/TY-ST-7/E CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-7/P Addition DELETE 6 1 1UUE Change TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

with this fliving does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information tal annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an acciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

4/22/48

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